



IPW/

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:  
Yang et al.

Serial No.: 10/616,044

Confirmation No.: 9799

Filed: July 8, 2003

For: Anolyte for Copper Plating

§  
§ Group Art Unit: 1753

§  
§ Examiner: Luan V. Van

MAIL STOP: AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF MAILING 37 CFR 1.8	
I hereby certify that this correspondence is being deposited on October 20, 2005, with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
October 20, 2005 Date	Signature

**RESPONSE TO OFFICE ACTION DATED JULY 20, 2005**

In response to the Office Action dated July 20, 2005, having a shortened statutory period for response set to expire on October 20, 2005, please enter this response and reconsider the claims pending in the application for reasons discussed below. A separate Fee Transmittal is submitted herewith for additional claim fees. The Commissioner is authorized to charge counsel's Deposit Account No. 20-0782/APPM/007669.P2/KMT, for any additional fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.

**Amendments to the Specification** begin on page 2 of this paper. **Amendments to the Claims** are reflected in the listing of claims which begins on page 12 of this paper. **Amendments to the Drawings** begin on page 18 of this paper and include both an attached replacement sheet and an annotated sheet showing changes. **Remarks** begin on page 19 of this paper.

10/25/2005 WASFAW1 00000033 200782 10616044

01 FC:1201 200.00 DA  
02 FC:1202 150.00 DA

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
**350.**

<i>Complete If Known</i>	
Application Number	10/616,044
Filing Date	July 8, 2003
First Named Inventor	Yang et al.
Examiner Name	Luan V. Van
Art Unit	1753
Attorney Docket No.	APPM/007669.P2/PPC/ECP/CKIM

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify) :

Deposit Account Deposit Account Number: 20-0782/APPM/007669.P2 Deposit Account Name: Applied Materials, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                           | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) | <input checked="" type="checkbox"/> Credit any overpayments                       |

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee(\$)</u>	<u>Small Entity</u>	<u>Fee(\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
31	-28 or HP= 3	x 50	= 150.	50	25
HP = highest number of total claims paid for, if greater than 20.					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>
5	- 4 or HP= 1	x 200.	= 200.	Fee (\$)	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.					

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

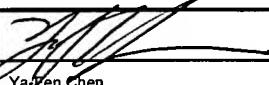
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
—	- 100 = —	/ 50 = —	(round up to a whole number) x	= —

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) :

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,553	Telephone	713-623-4844
Name (Print/Type)	Yang Chen			Date	October 20, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.